

Minnesota Health Licensing Boards

Biennial Reports

July 1, 2006

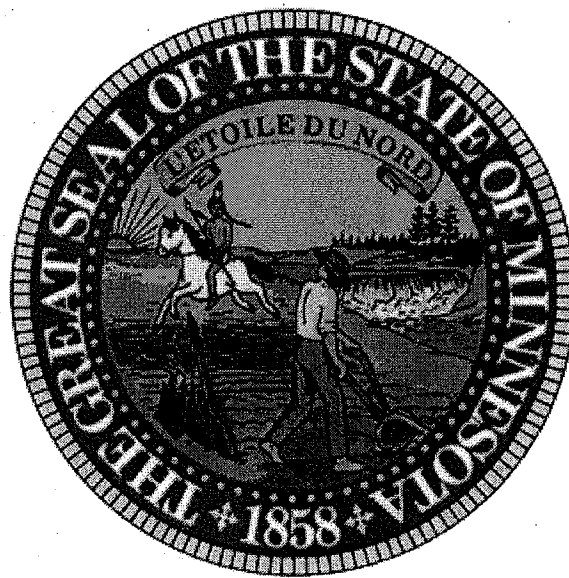
To

June 30, 2008

State of Minnesota

Health Licensing Boards

Biennial Reports



July 1, 2006 – June 30, 2008

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Cost of Report Preparation

Pursuant to Minnesota Statute § 3.197 (1998) costs incurred in the preparation of this report must be provided. The following list represents all expenses from the individual boards.

Board	Expense
<i>Board of Barber and Cosmetologist Examiners</i>	\$ 400
<i>Board of Behavioral Health and Therapy</i>	\$ 400
<i>Chiropractic</i>	\$ 500
<i>Dentistry</i>	\$ 500
<i>Dietetics & Nutrition Practice</i>	\$ 150
<i>Marriage & Family Therapy</i>	\$ 40
<i>Medical Practice</i>	\$ 2,200
<i>Office of Mental Health Practice</i>	\$ 446
<i>Nursing</i>	\$ 2,047
<i>Nursing Home Administrators</i>	\$ 310
<i>Optometry</i>	\$ 150
<i>Pharmacy</i>	\$ 335
<i>Physical Therapy</i>	\$ 300
<i>Podiatric Medicine</i>	\$ 200
<i>Psychology</i>	\$ 934
<i>Social Work</i>	\$ 750
<i>Veterinary Medicine</i>	\$ 400
<i>Health Department</i>	\$ 435
<i>HPSP</i>	\$ 550
<i>Administrative Services Unit</i>	\$ 800

Grand Total \$ 11,847

Cost to print/bind 25 copies: \$534.86

Section 1

Statement of Purpose

The health-related licensing boards of the State of Minnesota are entrusted with the protection of public health and safety through licensing of health-related professionals, and through administration of complaints regarding treatment. These Boards were each established by legislative action in recognition of the need to ensure provision of health care by qualified professionals. Currently, 17 independent boards regulate health-related professionals. Minnesota Statutes § 214.01, Subd. 2, defines Health-related licensing boards:

"Health-related licensing board" means the Board of Examiners of Nursing Home Administrators established pursuant to section 144A.19, the Office of Unlicensed Complementary and Alternative Health Care Practice established pursuant to section 146A.02, the Board of Medical Practice created pursuant to section 147.01, the Board of Nursing created pursuant to section 148.181, the Board of Chiropractic Examiners established pursuant to section 148.02, the Board of Optometry established pursuant to section 148.52, the Board of Physical Therapy established pursuant to section 148.67, the Board of Psychology established pursuant to section 148.90, the Board of Social Work pursuant to section 148D.025, the Board of Marriage and Family Therapy pursuant to section 148B.30, the Office of Mental Health Practice established pursuant to section 148B.61, the Board of Behavioral Health and Therapy established by section 148B.51, the Board of Dietetics and Nutrition Practice established under section 148.622, the Board of Dentistry established pursuant to section 150A.02, the Board of Pharmacy established pursuant to section 151.02, the Board of Podiatric Medicine established pursuant to section 153.02, and the Board of Veterinary Medicine established pursuant to section 156.01

Each of these entities is required to report its activities on a biennial basis, under Minnesota law (Minnesota Statutes, Section 214.07). This report has been prepared by the Minnesota health-related licensing boards pursuant to the requirements of this statute. Additionally, the report of the Board of Barber and Cosmetologist Examiners, although not a Health-related Licensing Board, is included in this biennial report. The report of the Health Professionals Services Program (HPSP) report is also included within this biennial report.

The relevant subdivisions are as follows.

Subdivision 1b. Health-related licensing board reports.

Each health-related licensing board must prepare a report by October 15 of each even-numbered year. The report must be submitted to the administrative services unit serving the boards. The report must contain the following information for the two-year period ending the previous June 30:

- (1) the number and type of credentials issued or renewed (Table I);
- (2) the number of complaints received (Table II);
- (3) the number and age of complaints open at the end of the period (Table II);
- (4) receipts, disbursements, and major fees (Table III); and
- (5) such other information that the interests of health occupation regulation require (Table IV).

The report must also contain information showing historical trends. The reports must use a common format and consistent terminology and data.

Subdivision 2. Administrative services report.

The administrative services unit serving the boards shall prepare a report by December 15 of each even-numbered year. One copy of the administrative services report must be delivered to each of the following: the governor, the commissioner of health, and the chairs of the house of representatives and senate policy and appropriations committees with jurisdiction over health-related licensing boards. Six copies must be delivered to the legislative reference library. The administrative services report must contain the following information:

- (1) a summary of the information contained in the reports submitted by the health-related licensing boards pursuant to subdivision 1b;
- (2) a description of the health-related licensing boards' cooperative activities during the two-year period ending the previous June 30;
- (3) a description of emerging issues relating to health occupation regulation that affect more than one board or more than one occupation; and
- (4) a copy of each health-related licensing board report submitted to the administrative services unit pursuant to subdivision 1b.

The Statutorily-Defined Minnesota Health-Related Licensing Boards

Minnesota Statutes, Section 214.07 requires "health-related licensing board[s]" to submit this biennial report. Following are the boards that are included in this report.

Independent Boards. These boards each operate independently with shared administrative functions.

Minnesota Board of Barber and Cosmetologist Examiners*
Minnesota Board of Behavioral Health and Therapy
Minnesota Board of Chiropractic Examiners
Minnesota Board of Dentistry
Minnesota Board of Dietetics and Nutrition Practice
Minnesota Board of Marriage and Family Therapy
Minnesota Board of Medical Practice
Minnesota Board of Nursing
Minnesota Board of Examiners for Nursing Home Administrators
Minnesota Board of Optometry
Minnesota Board of Pharmacy
Minnesota Board of Physical Therapy
Minnesota Board of Podiatric Medicine
Minnesota Board of Psychology
Minnesota Board of Social Work
Minnesota Board of Veterinary Medicine

Department of Health. The Department of Health houses the Office of Unlicensed Complementary and Alternative Health Care Practice, which has regulatory functions regarding health professionals. The functions of the Alcohol and Drug Counselor Licensing Program, previously housed at the Department of Health, are now performed by the Board of Behavioral Health and Therapy. The Office of Mental Health Practice, previously housed at the Department of Health, is now housed within the Board of Social Work, which is administering agency for the Office.

Health Professionals Services Program (HPSP). HPSP functions as a program to provide assistance to health professionals in compliance with Minnesota Statutes. The Health Professionals Services Program (HPSP) has submitted its biennial report. The Minnesota Emergency Medical Services

Regulatory Board was the administering board for HPSP during the time period covered by this biennial report.

*This Board was created effective July 1, 2004 by Minnesota legislative action. See M.S. §§ 154.001. This regulatory Board is a non-health-related licensing board, that shares services with the Administrative Services Unit of the Health-related licensing boards.

Section 2

Organization of the Boards

Although the 17 independent health licensing boards, the Board of Barber and Cosmetologist Examiners, the Health Professionals Services Program, and the Department of Health are separate agencies, the boards and the department cooperate in administering health occupation licensing programs. The 17 boards are housed together in the same building and collaborate in many ways. The boards meet regularly with representatives of the Department of Health to discuss joint concerns.

This section describes in more detail the cooperative activities of the boards.

The accompanying chart shows the boards' cooperative structure. Below is a brief description of the various entities shown.

Statutory Entities

Health Licensing Boards

Each of the independent health licensing boards consists of members appointed by the Governor. The principal staff person for each board is the Executive Director; although by statute some of these positions are classified as Executive Secretary, this is solely a matter of terminology. Each board is charged with the regulation of particular health professions specified by statute. Each board is governed by its own practice act. Certain statutory requirements apply to all boards; these are specified in Chapter 214. The Emergency Medical Services Regulatory Board, although not statutorily defined as a health licensing board, is housed with the boards and cooperates with them on administrative, policy, and financial matters. Similarly, the Board of Barber and Cosmetologist Examiners, though not a statutorily designated health licensing board, is housed with the boards and cooperates with them on administrative, policy and financial matters. The Health-related Licensing Boards which are housed in the same building are funded by licensing fees, as opposed to general state funds.

Attorney General

The Attorney General's Office provides legal and investigative services to the boards. Specific requirements of the Attorney General in investigating complaints are provided in Minnesota Statutes, section 214.10.

Department of Health

The Department of Health administers one health occupation program which is defined as a health-related licensing board under Chapter 214. This is the Office of Unlicensed Complementary and Alternative Health Care Practice. The Alcohol and Drug Counselor Licensing Program is now housed within the Board of Behavioral Health and Therapy, and the Office of Mental Health Practice is now housed within the Board of Social Work as administering agency.

The Department of Health also has certain statutory responsibilities relating to the boards. These are as follows:

- to provide mailing and office supplies services, and at the request of the boards, may provide other facilities and services at a central location upon request of the boards (M.S. 214.04)
- to coordinate the development of a credentials policy among the boards (M.S. 214.13)
- to serve on the Council of Health Board when reviewing legislation or legislative proposals relating to the regulation of health occupations, the council shall include the commissioner of health or a designee (M.S. 214.025). Additional information regarding the Council of Health Boards is below.

Health Professionals Services Program (HPSP)

Effective July 1, 2001, Minnesota Statutes, section 214.29 requires mandates a health professionals services program:

Each health-related licensing board, including the emergency medical services regulatory board under chapter 144E, shall either conduct a health professionals service program under sections 214.31 to 214.37 or contract for a diversion program under section 214.28.

At present, all Health Licensing Boards, the Office of Unlicensed Complementary and Alternative Health Care Practice programs administered by Minnesota Department of Health, and the Emergency Medical Services Regulatory Board, participate in HPSP.

Detailed information on HPSP is provided in section 3.

Voluntary Health Care Provider Program

Effective July 1, 2002 Minnesota Statutes, section 214.40 required the Administrative Services Unit to create procedures to allow volunteer dentists, dental hygienists, physicians, physician assistants, and nurses to apply for medical professional liability insurance while volunteering at community charitable organizations.

Office of Mental Health Practice

As of July 1, 2005, the Office of Mental Health Practice is considered part of the mental-health-related licensing boards. M.S. §148B.61. The Office was transferred from the Minnesota Department of Health.

Council of Health Boards

The Council consists of one board member from each board and the Executive Directors. The Council meets periodically to discuss issues and concerns affecting all boards. The Council is required to statutorily review emerging issues relating to health occupation regulation, such as proposals to regulate new health occupations, upon referral from the Legislature. The council was given formal direction when legislation, Minn. Stat. § 214.025 was enacted on July 1, 2001:

The health-related licensing boards may establish a Council of Health Boards consisting of representatives of the health-related licensing boards and the Emergency Medical Services Regulatory Board. When reviewing legislation or legislative proposals relating to the regulation of health occupations, the council shall include the commissioner of health or a designee.

During this biennium, the Council received two requests from the Senate and House Health and Human Service Policy Committees. The two proposals were for: (1) initial licensing of naturopathic doctors; and (b) several changes to the Minnesota Athletic Trainer Act, M.S. §§ 148.7801 to 148.7815. Summaries of the Council's reviews were provided to the 2007 and 2008 Legislature.

Voluntary Entities

Executive Directors Forum

The Executive Directors (ED) Forum consists of the Executive Directors of each independent board. The Forum meets at least once a month to discuss issues and concerns affecting all boards. The Forum was created with a goal of working together on matters of common concern, thus increasing the efficiency and effectiveness of each individual board. The Forum establishes committees to develop recommendations for consideration by the Forum. These committees include the Policy Committee and the Management Committee. The primary objective of public safety is achieved most effectively if primary staff is assigned to focus on a specific health profession. To assure fiscal efficiency, boards review general objectives and promote cooperation among the boards through the Executive Director Forum in an effort to eliminate duplication of similar effort. The Forum reviews general objectives, reviews policy, promotes intra-board cooperation, assures fiscal efficiency, and eliminates duplication of similar effort.

During this biennium, the following tasks were accomplished through the action of the Executive Directors Forum:

- Virtualization of servers, resulting in substantial savings and greater storage capacity. On behalf of the Executive Directors Forum, a submission was made to the National Association of State Chief Information Officers (NASCIO) for Disaster Recovery Planning, regarding the Health Licensing Boards' project of virtualizing its servers arising from its development and application of its Continuation of Operations Plan (COOP).
- Further technological advances include addition of a Shared Storage Area Network, tripling storage capacity of the Boards, and advances toward using technology at Board meetings to reduce reliance on paper documents.
- Participated in cooperative efforts with the Department of Health and among the Boards to share information regarding licensee / registrant investigations in full compliance with Data Practices Act requirements, including ad hoc Just Culture / Health meetings regarding coordinating Department of Health investigations and Health Board investigations, and exchange of information under § 214.10, subd. 8 (c). This has included development with the Attorney General Office of a data sharing memo that permits joint investigations to be conducted among health licensing boards, and provides for sharing of investigative data.
- Reviewed requirements and limitations pertaining to criminal background checks of applicants, and received updates on proposed legislation from law enforcement entities.
- Standardization of online complaint form throughout health licensing boards. Review was undertaken, with cooperation and guidance from Attorney General's Office, of methods to provide standard information to complainants at the time of opening a complaint file, as well as standardization of appeal information in closing letters under the auspices of a temporary Chapter 214 Work Group.
- Responded to surveys regarding IT capacity, security and functionality.

- Legal Task Force was established for the purpose of reviewing Attorney General resources, and to facilitate cooperation and collaboration among boards in working with Attorney General's office.
- Enactment and approval of the Boards' first AWAIR plan, in compliance with federal and state requirements.
- Policy committee regularly met to provide coordinated response for Boards regarding legislative initiatives.
- A joint workforce planning report was completed, to prepare for ensuring qualified, competent workforce.
- Technology development: The ED Forum worked cooperatively to determine a standard procedure for prioritizing those IT projects to be performed by HLB IT staff.
- The ED Forum worked collaboratively in providing information to MN Responds! to ensure that credentials of licensed health professionals are quickly available in case of a major emergency, as well as arranging for regular transfer of data between Department of Health and health licensing databases.
- Electronic governmental services were increased and improved, and include expanded information available online and greater interactivity, as well as heavy use by licensees of online renewal services.

During this biennium, individual board staff and Executive Directors participated in numerous organizations regarding health and safety, including:

- Minnesota Alliance for Patient Safety
- National Board of Medical Examiners Committee on Irregular Behavior and Score Validity for the United States Medical Licensing Examination.
- National Association of Boards (NAB) Executive Committee
- State Executive Forum and State Governance Committees of the National Association of Boards
- Future Workforce Analysis Cabinet in Washington, D.C.
- Association of Chiropractic Board Administrators
- National Council of State Boards of Nursing Commitment to Ongoing Excellence (CORE) project
- Minnesota Center for Nursing
- Minnesota Alliance for Patient Safety
- Home Care Advisory Group
- Department of Human Services' Dental Access Advisory Committee
- Department of Human Services task force on licensing standards
- State Information Security Council
- HPSP Program Committee
- Drive to Excellence Licensing Steering Committee
- Drive To Excellence Procurement
- Drive to Excellence Sourcing Communication
- Drive To Excellence MAPS Project
- Continuation of Operations Planning (COOP)

Administrative Services Unit

The Administrative Services Unit (ASU) is funded by all the independent boards and consists of 7.12 FTE staff members who perform shared administrative and business services for all the boards. The unit provides service to the boards in the areas of budgeting, accounting, purchasing, human resources, professional and technical contracts, information technology, policy

development and payroll. ASU also facilitates the boards' cooperative policy and planning efforts, frequently staffs Executive Directors Forum committees, and coordinates the Voluntary Health Care Provider Program (which provides malpractice coverage for physicians, physician assistants, dentists, dental hygienists, and nurses serving in a voluntary capacity at a charitable organization). ASU's annual budget is determined by the Executive Directors Forum, and the oversight of ASU is assigned on a rotating basis to one of the health-related boards; the current ASU oversight Board is the Minnesota Board of Examiners for Nursing Home Administrators. The annual assessment of ASU effectiveness is performed by the Executive Directors Forum.

Management Committee

The Management Committee makes recommendations to the Executive Directors Forum on issues relating to the internal management of the boards' cooperative activities. The responsibilities of the committee include the following:

- Management of the Administrative Services Unit budget and review of ASU performance
- Through the Administrative Services Unit, administers shared conference rooms and shared equipment, such as copiers
- Coordinating the boards' computer collaboration efforts
- Developing recommended policies and procedures for all boards, and reviewing best practices
- Oversight of the Administrative Services Unit

Policy Committee

The functions of the policy committee have been to make recommendations to the Executive Directors Forum on issues relating to public policy. The responsibilities of the committee have included the following:

- Reviewing legislative proposals
- Making recommendations on legislative initiatives affecting all the boards
- Undertaking efforts to make investigative data more readily available to share among health boards

Emerging Issues

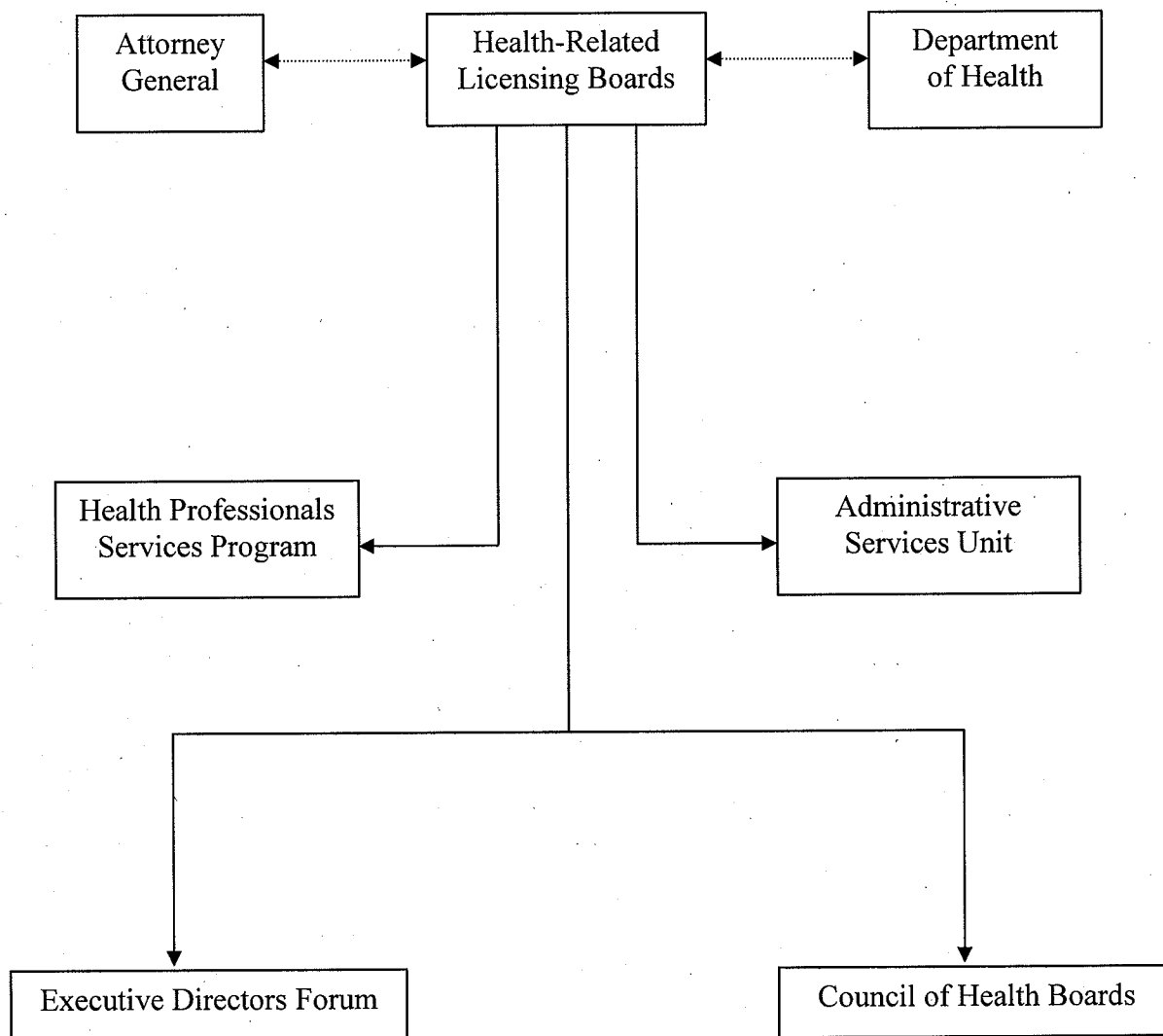
During the 2006-2008 biennium, the health-related licensing boards faced a number of common emerging issues, which are described below.

- Staffing / funding issues. As a result of state practices and requirements regarding budgets and expenditures of the health-related licensing boards, as well as ongoing State budgetary issues and revenue shortfalls, a number of the boards are facing salary constraints and possible budget shortfalls that affect staffing levels and service delivery, including ability to investigate complaints and process contested cases for disciplinary action. The uncertainty and unpredictability of costs of legal fees in disciplinary cases that proceed to contested case status, which have risen substantially, also raise important budget concerns.
- The Boards continue to make technology / communication improvements, refinements, and to expand and refine services through technology. Providing easy and timely access to accurate public data remains an area that the Boards are committed to by upgrading computer databases, software and hardware. The Boards continue to make their web

sites increasingly interactive, including on-line renewals, license verifications, and disciplinary tracking. The Boards are seeking to increase electronic recordkeeping.

- The Boards have actively participated in Continuation of Operations planning (COOP) and pandemic flu planning. This continues to be a matter of common interest and collaboration.
- The Boards are facing increased costs of disciplinary actions, due to increased legal costs, as well as increased complexity of complaints that require additional legal involvement, and a trend toward increased, and more substantial, and extended involvement by licensees' legal representatives.
- Applicants and the general population are becoming increasingly diverse, including cultural and language diversity. The licensing boards continue to examine matters pertaining to possible barriers in licensure, as well as issues surrounding working with clients and patients from diverse populations.
- Some Boards report a shortage, or shrinking pool of licensed practitioners, aging pools of health practitioners, as well as possible increased workload due to aging population, which carries implications for ensuring public health care access.
- The possibility of additional newly established health regulatory boards exists, subject to legislative activity.

Health-Related Licensing Boards Cooperative Structure



Section 3 – Table I
Licensing and Registration
(Number and type of credentials issued or renewed)
Selected Data from Part III of Individual Reports

Board or Program	Total # of Persons Licensed or Registered as of June 30, 2008	# of New Licenses or Registrations Issued during biennium
Independent Boards		
<u>Board of Barber and Cosmetologist Examiners (total)</u>	<u>37,887</u>	<u>8,331</u>
- apprentice	161	125
- registered barbers	2,235	80
- barber shop	886	85
- barber schools	5	0
- cosmetologist	28,550	6,758
- cosmetology salons	5,995	1,275
- cosmetology schools	55	8
<u>Behavioral Health and Therapy (total)</u>	<u>2,604</u>	<u>1,043</u>
- licensed professional counselors	539	272
- licensed professional clinical counselors	12	12
- licensed alcohol and drug counselors	1,757	403
- ADC Temporary Permit Holders	296	356
<u>Chiropractic (total)</u> ¹	<u>2,713</u>	<u>287</u>
- chiropractors	2,713	287
<u>Dentistry (total)</u>	<u>15,769</u>	
- dentists	4,021	
- dental hygienists	4,879	
- registered dental assistants	6,869	
<u>Dietetics and Nutrition Practice (total)</u>	<u>1,295</u>	<u>185</u>
- dietitians	1,236	184
- nutritionists	59	1
<u>Marriage and Family Therapy (total)</u>	<u>1,301</u>	<u>427</u>
- licensed M&F therapists	1,069	215
- licensed associate M&F therapists	232	212
<u>Medical Practice (total)</u>	<u>22,911</u>	<u>4,858</u>
- physicians & surgeons	18,797	2,293
- acupuncturists	349	81
- athletic trainers	611	156
- physician assistants	1,248	303
- residency permits		1,676
- respiratory care practitioners	1,669	244
- traditional midwives	14	2
- telemedicine ³	223	103

Board or Program	Total # of Persons Licensed or Registered as of June 30, 2008	# of New Licenses or Registrations Issued during Biennium
<u>Nursing (total)</u>	<u>117,522</u>	<u>14,212</u>
- registered nurses	77,950	10,873
- licensed practical nurses	23,642	3,339
- public health nurses	11,358	
- advanced practice registered nurse	4,572	
<u>Nursing Home Administrators (total)</u>	<u>840</u>	<u>80</u>
- nursing home administrators	840	80
<u>Optometry (total)</u>	<u>1,004</u>	<u>86</u>
- optometrists	1,004	86
<u>*Pharmacy (total)²</u>	<u>20,182</u>	<u>677</u>
- pharmacists ³	7,067	
- technicians	8,950	
- pharmacies	1,634	
- wholesalers	932	
- manufacturers	324	
- medical gas distributors	50	
- controlled substance researchers	36	
- interns	1,189	
<u>Physical Therapy (total)</u>	<u>4,670</u>	<u>1,262</u>
- physical therapists	3,794	386
- physical therapists assistants	876	876
<u>Podiatric Medicine (total)</u>	<u>193</u>	<u>19</u>
- podiatrists	193	19
<u>Psychology (total)</u>	<u>3,863</u>	<u>336</u>
- licensed psychologists	3,720	226
- licensed psychological practitioners	143	110
<u>Social Work (total)</u>	<u>10,539</u>	<u>1,804</u>
- licensed social workers	5,194	718
- licensed graduate social workers	1,291	591
- licensed independent social workers	697	44
- licensed independent clinical social workers	3,357	451
<u>Veterinary Medicine (total)</u>	<u>3,046</u>	<u>304</u>
- veterinarians	3,046	304
Department of Health		
Office of Unlicensed Complementary and Alternative Health Care Practice (OCAP)	Estimates 2,700 practitioners	n/a

¹The Board of Chiropractic Examiners regulates only one occupation – chiropractors. These figures includes active (2548) and inactive (165) practitioners.

*Pharmists and technicians are persons licensed; other Pharmacy categories licensed are facilities

²By exam and by reciprocity

³Includes active, inactive, and emeritus

Section 3 – Table II
Complaints
Selected Data from Part IV of Individual Reports

Board or Program	Total # Complaints Received FY08	Complaints per 1,000 Regulated Persons	# of Open Complaints as of June 30, 2008	# of Complaints Closed in FY 2008
Independent Boards				
Barber and Cosmetologist Examiners	54	1.9*	19	44
Behavioral Health and Therapy				
- LPC	15		10	4
- LADC	80		108**	73
Chiropractic	155	61	23	155
Dentistry	232	17	139	225***
Dietetics and Nutrition Practice	3	.00	3	1
Marriage and Family Therapy	31		12	27
Medical Practice	832		507	785
Nursing	1,331		851	1152
- RN	810	9.92		
- LPN	514	19.50		
- APRN	46	10.06		
Nursing Home Administrators	78	90	6	106
Office of Mental Health Practice	31	15	30	
Optometry	10	.01	15	4
Pharmacy	86	5.4	21	106
Physical Therapy	31	6.64	15	30
Podiatric Medicine	11	57	9	11
Psychology	124	32.09	240	113
Social Work	107	10.7	119	100
Veterinary Medicine	80	27	65	64
Department of Health				
Office of Unlicensed Complementary and Alternative Health Care Practice*	14	5.18	34	15

*does not include establishments licensed

**263 open cases transferred from MN Dept. of Health on 7/1/2005

***See explanatory note in body of report

Section 3 – Table III
Boards' Members, Staff, and Budget
Selected Data from Part II of Individual Reports

Board or Program	Number of Board Members	Number of Board Employees (FTE)	Disbursements FY 2008	Annualized Renewal Fee
Independent Boards				
Board of Barber and Cosmetologist Examiners	7	9.3	\$838,458	Fees Vary ¹
Behavioral Health and Therapy (FY 2007 and FY 2008) LPC and LPCC LADC	13	3+	\$1,172,394	\$125 \$147.50
Chiropractic - chiropractors	7	5	\$613,017.56	\$200
Dentistry - dentists - dental hygienists - registered dental assistants	9	10	\$1,401,625	\$155 \$50 \$35
Dietetics and Nutrition Practice - dieticians, nutritionists	7	0.75	\$73,945	\$45
Marriage and Family Therapy - licensed M&F therapists - licensed associate M&F therapists	7	1.5	\$130,499	\$125 \$ 75
Medical Practice	16	23	\$3,166,764	Fees Vary ²
Nursing - registered nurses	16	33	\$3,825,089	\$ 42.50
Nursing Home Administrators - nursing home administrators	11	2	\$173,404	\$200
Optometry - optometrists	7	1	\$109,151	\$105
Pharmacy - pharmacists - wholesalers/manufacturers - pharmacies - other	7	11	\$1,519,978	\$105 \$105-180 \$165 \$ 20-50
Physical Therapy - physical therapists - physical therapist assist	11	3	\$309,000	\$60 \$ 60
Podiatric Medicine - podiatrists	7	0.5	\$77,250	\$300
Psychology - licensed psychologists - licensed psychological practitioners	11	9.8	\$851,069	\$250 \$125

Board or Program	Number of Board Members	Number of Board Employees (FTE)	Disbursements FY 2006	Annualized Renewal Fee
Social Work - licensed social workers - licensed graduate social workers - licensed independent social workers - licensed independent clinical social workers	15	10.6	\$976,428	\$ 45.00 \$80.00 \$120.00 \$132.50
Office of Mental Health Practice (administered by Board of Social Work)	n/a	.75	\$68,651	n/a
Veterinary Medicine - veterinarians	7	1.75	\$405,414	\$100
Department of Health				
Office of Unlicensed Complementary and Alternative Health Care Practice (OCAP)	n/a	1	\$67,247	n/a

¹Fees vary depending on profession regulated. This board regulates salons, cosmetology, managers, instructors, barber shops, and barbers.

²Fees vary depending on profession regulated. This board regulates physicians, acupuncturists, athletic trainers, physician assistants, respiratory care practitioners, traditional midwives, and professional firms.

Section 3 – Table IV
Trend Data
Selected Data from Part V of Individual Reports

Board or Program	# Persons Licensed FY 2008	# Complaints Received FY 2008	# Complaints per 1,000 Licensees FY 2008	# Open Complaints as of June 30, 2008
Independent Boards				
Board of Barber and Cosmetologist Examiners¹				
- 2008	31,706	54	1.9	19
- 2006	32,820	36	1.1	Not available
- 2004	2,752	18	Not available	Not available
- 2002	2,672	Not available	Not available	Not available
- 2000	2,572	Not available	Not available	Not available
- 1998	2,472	Not available	Not available	Not available
Behavioral Health and Therapy				
- 2008	2,604	95	Not available	118
- 2006	1,837	58	Not available	LPC – 1 ³
- 2004	32	0	Not available	0
- 2004 ²	1,368	54	39.96	157
- 2002	1,340	90	0.067	88
- 2000	1,206	31	0.03	25
- 1998	65	0	0	0
Chiropractic				
- 2008	2,713	155	61	23
- 2006	2,553	189	79	63
- 2004	2,457	149	65	63
- 2002	2,304	n/a	n/a	63
- 2000	1,966	133	68	21
- 1998	1,767	178	101	109
Dentistry				
- 2008	15,662	232	17	139 ⁵
- 2006 ⁴	14,952	239	n/a	n/a
- 2004	14,435	268	19	137
- 2002	13,667	234	17	139
- 2000	13,043	240	60	140
- 1998	12,417	179	45	153

¹The Board of Barber and the Board of Cosmetologist Examiners were merged into a single Board of Barber and Cosmetologist Examiners effective July 1, 2004. Figures from 1998-2004 are for Barber Board only.

²2004 and Prior to 2004: Alcohol and Drug Counselors Program was previously housed in the Dept of Health; the Board of Behavioral Health and Therapy now houses this program. The trend information comes from previous reports prepared by the Department of Health Alcohol and Drug Counselors Program.

³LADC – Not available

⁴occupation: 50 (Dentist); 3.63 (Dental Hygienist); 4.03 (Registered Dental Assistant)

⁵Includes Non-licensed / registered

Board or Program	# Persons Licensed FY 2008	# Complaints Received FY 2008	# Complaints per 1,000 Licensees FY 2008	# Open Complaints as of June 30, 2008
Dietetics and Nutrition Practice				
- 2008	1,295	3		3
- 2006	1,205	3		2
- 2004	1,082	1		2
- 2002	1,029	1		1
- 2000	995	1		0
- 1998	953	2		0
Marriage and Family Therapy				
- 2008	1,301	31		12
- 2006	1,145	26		2
- 2004	957	17		7
- 2002	866	16		7
- 2000				
- 1998				
Medical Practice				
- 2008	22,911	868	*	554
- 2006	21,655	770		507
- 2004	20,015	941		372
- 2002	21,164	835		439
- 2000				
- 1998				
Nursing				
- 2008	101,592	1,370	9.92**	851
- 2006	95,721	1,320	10.44**	914
- 2004	100,657	1,113	10.51	680
- 2002	87,595	944	9.02	468
- 2000	81,981	748	9.12	864
- 1998	79,120	742	9.38	xxx
Nursing Home Administrators				
- 2008	840	78	90	6
- 2006	840	106	126	9
- 2004	856	124	144	13
- 2002	859	100	117	4
- 2000	910	135	148	14
- 1998	935	40	43	xxx
Optometry				
- 2008	1004	10	.01	15
- 2006	951	12	.01	6
- 2004	913	8	xxx	3
- 2002	914	10	.02	13
- 2000	846	16	xxx	3
- 1998	805	9	xxx	0
- 1996	822	5	xxx	0

*By Occupation:

AP	0	RT	.7
AT	3.8	MW	6.3
PA	1.5	TM	1.7
PY	3.8		

**RN only

Board or Program	# Persons Licensed FY 2008	# Complaints Received FY 2008	# Complaints per 1,000 Licensees FY 2008	# Open Complaints as of June 30, 2008
Pharmacy				
- 2008	16,017	86	5.4	21
- 2006	13,987	81	5.8	20
- 2004	12,910	100	8	24
- 2002	11,024	108	10	21
- 2000	9,495	75	8	13
- 1998	5,388	67	12	xxx
Physical Therapy				
- 2008	4,670	31	6.64	15
- 2006	3,588	10	2.78	18
- 2004	3,443	21	6.09	24
- 2002	3,269	21	6.42	18
- 2000	3,110	15	4.82	9
- 1998	2,877	20	6.95	15
Podiatric Medicine				
- 2008	193	11	57	9
- 2006	185	14	76	9
- 2004	183	12	66	11
- 2002	168	7	41	5
- 2000	155	7	45	3
- 1998	142	7	49	3
Psychology				
- 2008	3,720	124	32.09	240
- 2006	3,644	132	36.22	207
- 2004	3,593	122	33.95	195
- 2002	3,673	151	39.22	255
- 2000	3,677	151	41.14	460
- 1998	3,652	194	53.15	449
Social Work				
- 2008	10,539	107	10	19
- 2006	10,005	89	9	15
- 2004	9,816	167	16	35
- 2002	9,703	123	12	56
- 2000	9,083	129	13	37
- 1998	9,783	173	18	136
Office of Mental Health Practice*				
- 2008	n/a	31	15	30
- 2006	n/a	30	15	44
- 2004	n/a	34	17	68
- 2002	n/a	39	0.02	101
- 2000	n/a	66	0.03	177
- 1998	n/a	85	0.04	169

*Office of Mental Health Practice was previously housed at the Department of Health, and has been administered by the Board of Social Work since 2007. The trend information comes from previous reports prepared by the Department of Health Office of Mental Health Practice

Board or Program	# Persons Licensed FY 2008	# Complaints Received FY 2008	# Complaints per 1,000 Licensees FY 2008	# Open Complaints as of June 30, 2008
Veterinary Medicine				
- 2008	3,046	80	26	22
- 2006	2,955	89	30	21
- 2004	2,808	60	21	22
- 2002	2,779	46	17	13
- 2000	2,728	55	20	23
- 1998	2,658	47	18	16
Department of Health				
Board or Program	# Persons Licensed FY 2008	# Complaints Received FY 2008	# Complaints per 1,000 Licensees FY 2008	# Open Complaints as of June 30, 2008
Office of Unlicensed Complementary and Alternative Health Care Practice				
- 2008	n/a	8	2.96	28
- 2006	n/a	14	5.18	34
- 2004	n/a	18	5.94	37
-2002	n/a	16	5.28	8
-2000	n/a	0	0	0



Minnesota Health Professionals Services Program

Biennial Report

July 1, 2006 – June 30, 2008

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STATE OF MINNESOTA

Health Professionals Services Program

BIENNIAL REPORT

FISCAL YEAR JULY 1, 2006 TO JUNE 30, 2008

I. General Information

Minnesota Statutes, section 214.31 to 214.37 charges the Health Professionals Services Program (HPSP) with the responsibility to *“protect the public from persons regulated by the [health licensing] boards [and the Emergency Medical Services Regulatory Board and the Dept. of Health] who are unable to practice with reasonable skill and safety by reason of illness, use of alcohol, drugs, chemicals or any other material, or as a result of any mental, physical or psychological condition.”*

A. Mission:

The mission of the Health Professionals Services Program is to enhance public safety in health care. Its goals are to promote early intervention, diagnosis and treatment for health professionals and to provide them with monitoring services as an alternative to board discipline.

B. Major Functions:

1. Provide health professionals with intake and assessment services to determine if they have an illness that warrants monitoring:

- Evaluate symptoms, treatment needs, immediate safety and potential risk to patients;
- Obtain chemical, mental and physical histories along with social, and occupational data;
- Determine practice limitations, if necessary;
- Secure records consistent with state and federal data practice regulations; and
- Collaborate with medical consultants and community providers concerning treatment, practice and monitoring recommendations.

2. Create and implement monitoring contracts:

- Specify requirements for appropriate treatment and continuing care; and
- Determine illness-specific and practice-related limitations or conditions.

3. Monitor the continuing care and compliance of program participants:

- Communicate monitoring procedures to treatment providers, work site supervisors and other collaborative parties;
- Review records and reports from treatment providers, work site supervisors and other sources regarding the health professional's level of functioning and compliance with monitoring;
- Coordinate toxicology screening process; and
- Intervene, as necessary, for non-compliance, inappropriate treatment, or symptom exacerbation.

4. Consult with licensees, licensing boards, health employers, practitioners, and medical communities:

- Provide information and set standards for early intervention and monitoring of impaired professionals;
- Refer inquiries to appropriate government or community resources;
- Provide outreach services to hospitals, clinics, and professional associations;
- Conduct research on professional impairment, appropriate care, and potential for harm; and
- Consult with health-licensing boards on illness related issues.

5. Eliminate the duplication of monitoring functions by health licensing boards:

- Offer a single point of contact for health professionals, employers, boards and the public regarding impaired health professionals;
- Promote streamlined and efficient reporting of impaired professionals;
- Combine expertise in a central location; and
- Relate clear understanding of professional reporting obligations.

C. Major Activities During Biennium:

1. Provide case management and monitoring services

The HPSP is a service program; therefore, its primary activities are related to protecting the public by providing the best possible services to health professionals in Minnesota at the lowest possible cost to the health licensing boards. The HPSP opened more cases in the last biennium than in any other biennium. The *Trend Data* section of this document outlines the growth in the demand for program services.

2. Collaboration

Because of the role the HPSP plays in public protection vis-à-vis the seventeen health-licensing boards, it is critical that the HPSP maintain strong collaborative relationships with the boards and other stakeholders. The HPSP schedules quarterly meetings with its Program Committee, Advisory Committee, and with board staff (refer to *Composition of Committees* section of this document for descriptions of the committees). The HPSP also meets annually with each full board. The meetings are vehicles for feedback about the HPSP services and an opportunity for collaboration directed toward enhancing public safety in health care.

3. Quality Improvement Initiatives

a. Consistency in the provision of case management services

As a quality improvement initiative, the HPSP has focused on more clearly defining how case management services are delivered. The length of monitoring and monitoring conditions have been and continue to be evaluated. The HPSP has reviewed national trends and available scientific research to best determine monitoring conditions that meet the needs of the individual while protecting the public from practitioners with potentially impairing illnesses.

b. Toxicology screening

The majority of the HPSP participants are being monitored for a substance disorder. As part of monitoring, they are required to submit random urine toxicology screens. To make it less cumbersome for participants, the HPSP has doubled the number of collection sites for participants to provide their specimens. In addition, the HPSP negotiated a lower price for participants to pay for toxicology screens.

c. Technology initiative

The HPSP utilizes an Access database in the provision of case management services. The HPSP's existing database was created in 1998 and has significant limitations. For example, the stability of data is easily influenced by user error, it requires the manual entry of over 4,000 toxicology-screening dates each quarter (this should be automated) and the ability to query data is inadequate, limiting the ability to provide outcome measures and review case management activities for quality assurance purposes. To address this, the HPSP had its database assessed to determine whether the existing database could be updated or if it needs to be replaced. Several different operating systems were suggested as possible alternatives. The HPSP is in the process of weighing the risks and benefits of the different operating systems prior to contracting for the development of a new database.

D. Emerging Issues in Monitoring Health Professionals:

1. Increasing Abuse of Prescription Medications

Health professionals are experiencing increased stress. They are working longer hours with increasing responsibilities and easy access to drugs, placing them at risk for abusing these substances. Of the persons monitored for a substance disorder, roughly 48% list a prescription medication as their drug of choice. The HPSP works closely with health care employers and facilities to identify and manage drug diversions. For physicians, pharmacists and nurses, easier access contributes to higher rates of prescription drug abuse compared to other health care professions.

2. Pain Management

The HPSP is monitoring increasing numbers of health professionals who suffer from chronic pain, which oftentimes leads to depression and addiction to pain medications. The HPSP works with treatment providers to recognize how addictive behavior may impact the care they provide. The lack of pain management resources impacts the care patients receive.

3. Inadequate Treatment for Substance Abuse and Mental Illness

The HPSP is working with increasing numbers of health professionals who are diagnosed with both a substance and a psychiatric disorder. While these are physical illnesses that deserve the same level of care as other medical conditions, insurers are more likely to limit benefits for mental health and chemical dependency care than standard medical and surgical care. Left untreated, substance and psychiatric disorders get worse, making treatment more challenging. This progression can often impact one's ability to function in or maintain their professional employment. The HPSP works with health professionals to ensure they receive the appropriate level of care.

II. Board Members, Staff and Budget

A. Composition of Committees:

1. Program Committee

The Program Committee consists of one representative of each participating board. The Program Committee provides direction and assures the participating boards that HPSP is operating effectively and efficiently to achieve the purposes outlined in statute. Its goals are to ensure that the public is protected, participants are treated with respect, the program is well-managed, financially secure and operating consistently within the statute. The committee designates one of the health-related boards to act as an Administering Board to provide administrative support to HPSP. The Program Committee meets quarterly. Current Program Committee members include:

Member Name	Representing the Board of:
Kristen Piper	Behavioral Health and Therapy
Kim Hill	Chiropractic Examiners
Linda Boyum	Dentistry
Kyle Renell	Department of Health
Janelle Peterson	Dietetics and Nutrition
Katherine Burke-Moore	Emergency Services
Bob Butler	Marriage and Family
Kelli Johnson	Medical Practice
Gregory Langason	Nursing

Member Name	Representing the Board of:
Randy Snyder	Nursing Home Administrators
Marlene Reid	Optometry
Gary Schneider	Pharmacy
Kathy Polhamus	Physical Therapy
Esther Newcombe	Podiatric Medicine
Susan Ward	Psychology
Rosemary Kassekert	Social Work
Sharon Todoroff	Veterinary Medicine

2. Advisory Committee

The Advisory Committee is required by statute to advise the Program Committee and the Program Manager. The Advisory Committee consists of one person appointed by each professional association by any means acceptable to them as identified in (Minn. Stat., section 214.32 subd. 1 (c) (1).) The Advisory Committee meets quarterly. Current Advisory Committee members include:

Member Name	Representing the:
Jim Alexander	MN Pharmacy Assoc.
Bruce Benson	MN Health Systems Pharmacists
James Blake	MN Health Care Union SEIU 113
Lois Cochran Schlutter	MN Psychological Assoc.
Bernadine Engeldorf	MN Nurses Association
Mary Ann Foldesi	MN Academy Of Physician Assist.
Stephen Gulbrandsen	MN Dental Assoc.
Megan Hartigan	MN Ambulance Association
Randy Herman	MN Assoc. Of Social Workers
Scott Wells	MN Veterinary Assoc.

Member Name	Representing the:
Rose Nelson	Public Member
Cheryl Trocke-Fowler	MN Society for Respiratory Care
Todd Miller	Physicians Serving Physicians
John Rheinberger	Public Member
Karen Sames	MN Occupational Therapy Assoc.
Debra Sidd	MN Dental Hygienists Assoc.
Karolyn Stirewalt	MN Medical Assoc.
Sandy Swanson	MN Physical Therapy Assoc.
Scott Wells	MN Veterinary Assoc.

3. Administering Board

The HPSP is not an independent State agency. By statute, one of the health licensing boards is designated to administer the program. The Emergency Services Regulatory Board (EMSRB) had been the HPSP's Administering Board from 2001 to June 2008. Mary Hedges, the Executive Director of the EMSRB retired. The Board of Dentistry, under the leadership of Marshall Shragg, is now the HPSP's administering board.

4. Board Staff and HPSP Staff Work Group

Each board designates one or more representatives to meet regularly with program staff as part of a work group to discuss issues relating to HPSP policies, procedures and activities. The Program Manager solicits agenda items from all the members of the work group. Board representatives communicate the interests and concerns of their boards to the HPSP staff as well as obtain information to enhance the operations of the HPSP consistent with statute.

B. Employees:

The HPSP is currently staffed with 7.5 full time employees: 1 Program Manager, 5 Case Managers, 1 Office Manager/Toxicology Coordinator and 1.25 Support Staff

C. Receipts and Disbursements:

The HPSP is a service program and does not generate revenue. Licensing fees fund 96% percent of the HPSP. The remaining 4% is paid for by the general fund for persons regulated by the EMSRB and the Dept. of Health. Each board pays an annual \$1,000 participation fee and a pro rata share of program expenses based on the number of licensees they have in the program.

Dollars in Thousands		
	FY 2007	FY 2008
Total Direct Costs:	\$644, 156	\$746,000
Total Indirect Costs:	\$1,400	\$1,500
Total Direct & Indirect Costs:	\$645, 556	\$750,212
Total Revenue:	-	-
Surplus (Shortfall):		
A Cumulated Ending Surplus (Shortfall) or Carry forward:	\$42,000	

IV. Trend Data

A. Participation:

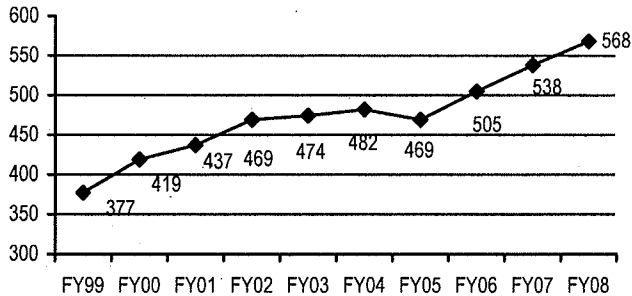
When the HPSP started in August of 1994, five licensing boards participated in the program. Today all seventeen health-licensing boards participate, as well as the Emergency Medical Services Regulatory Board and three professions administered by the Department of Health. This totals over 200,000 persons eligible for program services.

When the HPSP was conceived, it was not anticipated that health professionals would seek help and report themselves to the program at the current rate. While this is viewed as a positive response to program services, which enhances public safety in health care, participating boards are bearing the increased cost. Program growth puts financial stress on boards, which in turn, impacts the program.

Program resources need to be consistent with the rate of program growth. The current rate of growth threatens the ability of the program to provide quality services to health professionals who may be unable to practice safely. In response to this, a budget has been developed that outlines the need for increasing the staff by 1.8 FTE.

B. Caseload - Past And Current

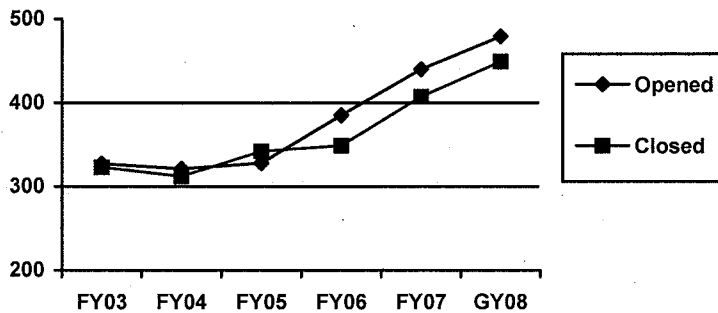
The following table shows the number of health professionals enrolled in the HPSP at the end of each fiscal year:



Interpretation:

Participation in the HPSP has steadily grown over the past five years.

C. Opened and Closed Case by Fiscal Year:

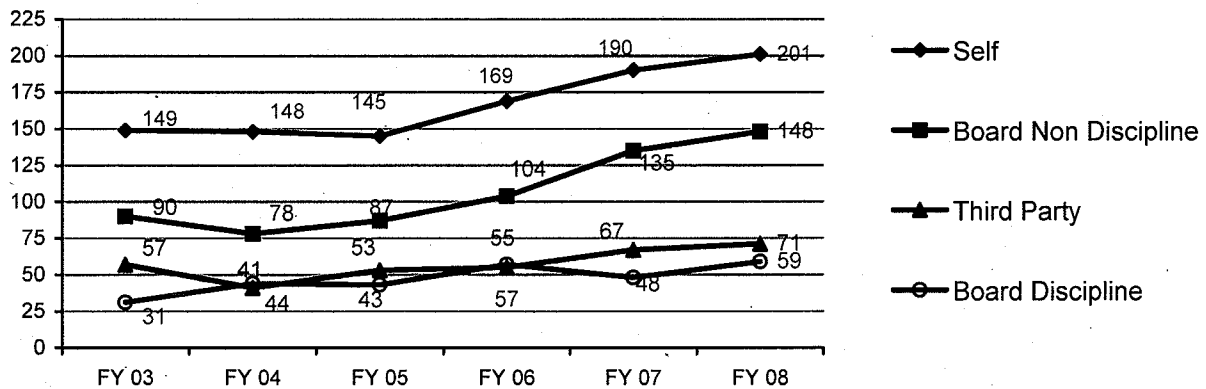


Interpretation:

While both referrals and discharges are increasing, referrals outnumber discharges, creating an increasing demand for services.

D. Referrals by Fiscal Year and Referral Source:

The following chart shows that majority of persons enrolling in the HPSP either self refer or are board referred without discipline:



E. Opened and Closed Cases by Fiscal Year and Board:

The following table shows the number of cases opened, closed and active by fiscal year and board:

FY Joined		BOARD														
		Opened in FY04	Closed in FY04	Open at End of FY04	Opened in FY05	Closed in FY05	Open at End of FY05	Opened in FY06	Closed in FY06	Open at End of FY06	Opened in FY07	Closed in FY07	Open at End of FY07	Opened FY08	Closed FY08	Open at End of FY08
01	BENHA	0	1	0	1	1	0	0	0	0	0	0	0	0	0	0
05	Behavioral Health & Therapy	0	0	0	0	0	15	4	13	6	10	11	5	9	6	8
96	Chiropractic Examiners	4	6	5	5	3	7	16	11	12	18	18	12	9	11	10
94	Dentistry	33	26	32	24	25	31	23	28	26	25	26	25	36	37	24
02	Dept. of Health	10	6	11	20	16	15	0	0	0	4	1	3	7	5	5
02	Dietetics & Nutrition	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
01	Emergency Medical Services	2	2	5	10	8	7	11	8	10	14	11	13	27	21	19
95	Marriage and Family Therapy	0	0	0	0	0	0	0	0	0	2	1	1	1	2	0
94	Medical Practice	51	59	110	60	77	93	53	48	98	60	65	93	67	59	101
94	Nursing	189	180	266	180	183	263	237	203	297	265	235	327	274	260	341
06	Office of Mental Health	0	0	0	0	0	0	2	1	1	0	1	0	2	0	2
01	Optometry	1	1	2	1	3	0	2	1	1	0	1	0	2	0	2
94	Pharmacy	9	8	24	8	7	25	15	11	29	20	15	34	14	18	30
94	Physical Therapy	5	3	8	5	7	6	5	5	6	3	5	4	6	5	5
94	Podiatric Medicine	2	2	1	0	0	1	0	0	1	0	1	0	0	0	0
02	Psychology	6	4	6	6	7	6	5	5	6	4	3	7	8	8	7
97	Social Work	5	11	11	6	5	12	10	13	9	13	12	10	12	12	10
99	Veterinary Medicine	4	3	1	2	0	3	2	2	3	2	1	4	5	5	4
Total		321	312	482	328	342	469	385	349	505	440	407	538	479	449	568

F. Comparing Referrals - Fiscal Years 2006 through 2008:

Referrals by First Referral Source and Board	BENHA			BBHT			Chiropractic			Dentistry			Dept. of Health			Dietetics			EMSRB			Marriage & Family			Medical Practice			Nursing		
Fiscal Year	06	07	08	06	07	08	06	07	08	06	07	08	06	07	08	06	07	08	06	07	08	06	07	08	06	07	08	06	07	08
Board Non-Discipline	0	0	0	2	3	5	11	14	9	14	15	23	0	2	6	0	0	0	2	4	18	0	0	0	9	20	14	56	70	60
Board Discipline	0	0	0	0	0	0	2	0	0	2	3	4	0	0	0	0	0	0	1	1	1	0	0	0	5	2	4	42	36	43
Self	0	0	0	1	6	2	3	4	0	4	3	7	0	2	1	0	0	0	6	7	8	0	2	1	34	35	34	106	113	127
Third Party	0	0	0	1	1	2	0	0	0	3	4	2	0	0	0	0	0	0	2	2	0	0	0	0	6	3	15	33	49	44
Sum	0	0	0	4	10	9	16	18	9	23	25	36	0	4	7	0	0	0	11	14	27	0	2	1	54	60	67	237	268	274

Referrals by First Referral Source and Board	Off. Mental Health			Optometry			Pharmacy			Physical Therapy			Podiatric Medicine			Psychology			Social Work			Veterinary Med.			Total FY06			Total FY07			Total FY08		
Fiscal Year	06	07	08	06	07	08	06	07	08	06	07	08	06	07	08	06	07	08	06	07	08	06	07	08	06	07	08	06	07	08	06	07	08
Board Non-Discipline	0	0	0	2	0	0	1	2	3	3	3	4	0	0	0	2	1	3	1	2	2	1	0	1	104	136	148	104	136	148	104	136	148
Board Discipline	0	0	0	0	0	2	1	4	1	0	0	1	0	0	0	1	0	0	2	2	2	1	0	1	57	48	59	57	48	59	57	48	59
Self	0	0	2	0	0	0	8	13	5	2	0	1	0	0	0	0	1	3	5	4	8	0	1	2	169	191	201	169	191	201	169	191	201
Third Party	2	0	0	0	0	0	5	1	5	0	0	0	0	0	0	2	2	2	2	5	0	0	1	1	56	68	71	56	68	71	56	68	71
Sum	2	0	2	2	0	2	15	20	14	5	3	6	0	0	0	5	4	8	10	13	12	2	2	5	386	443	479	386	443	479	386	443	479

G. Comparing Discharges – Fiscal Years 2006 through 2008:

Discharges by Discharge Category and Board	BENHA			BBHT			Chiropractic			Dentistry			Dept. of Health			Dietetics			EMSRB			Marriage & Fam.			Medical Practice			Nursing			
	Fiscal Year	06	07	08	06	07	08	06	07	08	06	07	08	06	07	08	06	07	08	06	07	08	06	07	08	06	07	08			
Completion		0	0	0	5	3	1	0	2	5	11	7	6	0	0	1	0	0	0	1	2	1	0	0	0	26	33	24	55	60	73
Voluntary Withdraw		0	0	0	1	0	0	0	0	0	0	1	0	0	0	1	0	0	0	2	1	1	0	0	1	1	1	0	9	18	11
Non-Compliance		0	0	0	3	4	2	1	4	1	7	7	6	0	0	0	0	0	0	1	3	4	0	0	0	4	1	6	84	93	98
Deceased		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	3	1	0	
Ineligible - Monitored		0	0	0	1	0	1	1	0	0	0	2	0	0	0	0	0	0	0	0	0	1	0	0	0	4	5	6	7	9	10
Ineligible – Not Monitored		0	0	0	0	1	0	0	0	0	2	0	0	0	0	0	0	0	0	1	0	0	0	1	1	2	2	3	11	9	
No Contact		0	0	0	1	0	0	0	0	0	1	1	4	0	0	0	0	0	0	1	1	0	0	0	0	1	3	2	10	5	4
Non-Cooperation		0	0	0	0	2	0	0	2	0	5	1	3	0	0	1	0	0	0	3	1	4	0	1	0	2	4	5	24	22	27
Non-Jurisdictional		0	0	0	2	1	2	9	10	5	2	7	18	0	1	2	0	0	0	0	2	10	0	0	0	9	15	10	7	15	25
Violation Practice		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4	1	1	3
		0	0	0	13	11	6	11	18	11	28	26	37	0	1	5	0	0	0	8	11	21	0	1	2	48	65	59	203	235	260

Discharges by Discharge Category and Board	Off. Mental Health			Optometry			Pharmacy			Physical Therapy			Podiatric Medicine			Psychology			Social Work			Veterinary Med.			Total FY06		Total FY07	Total FY08
	06	07	08	06	07	08	06	07	08	06	07	08	06	07	08	06	07	08	06	07	08	06	07	08	06	07	08	
Fiscal Year	06	07	08	06	07	08	06	07	08	06	07	08	06	07	08	06	07	08	06	07	08	06	07	08	06	07	08	
Completion	0	0	0	0	0	0	8	7	3	2	3	1	0	1	0	0	0	4	6	4	1	0	0	3	114	122	123 (43%)	
Voluntary Withdraw	0	0	0	0	0	0	2	1	1	0	0	0	0	0	0	0	0	2	1	2	0	0	1	17	23	18		
Non-Compliance	0	0	0	0	0	0	1	2	9	2	2	0	0	0	0	1	1	1	0	0	1	2	1	0	106	118	128	
Deceased	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	2	0		
Ineligible - Monitored	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1	0	0	1	1	1	0	0	0	15	17	20	
Ineligible – Not Monitored	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	2	1	0	1	1	1	0	0	0	9	17	15	
No Contact	1	1	0	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1	1	0	0	0	17	12	11	
Non-Cooperation	0	0	0	0	0	0	0	2	2	0	0	0	0	0	0	0	0	0	3	2	2	0	0	0	37	37	44	
Non-Jurisdictional	0	0	0	0	1	0	0	2	0	0	0	4	0	0	0	1	1	3	0	1	2	0	0	1	30	56	82	
Violation Practice	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	1	3	8	
	1	1	0	1	1	0	11	15	18	5	5	5	0	1	0	5	3	8	13	12	12	2	1	5	349	407	449	

H. Illnesses Monitored:

From January 1, 2006 to December 31, 2007, a total of 523 health professionals entered into Participation Agreements with the HPSP. They were monitored for the following illnesses:

- **78% were monitored for a substance disorder, listing the following as their substance of choice:**
 - o 42% alcohol
 - o 1% amphetamine
 - o 1% benzodiazepine
 - o 3% cannabis
 - o 2% cocaine
 - o 5% methamphetamine
 - o 27% opiates
 - o 19% polysubstance (typically includes an opiate)
 - * *(roughly 48% abused a prescription medication)*
- **60% were monitored for the following psychiatric disorders:**
 - o 17% with bipolar disorder
 - o 69% with depression and/or anxiety
 - o 14% with another psychiatric disorder (i.e.: ADD, PTSD)
 - **Only 2% of those monitored for a psychiatric disorder did not have a comorbid substance disorder.
- **11% were monitored for a medical disorder** (only 2% without a comorbid substance or psychiatric disorder)

Minnesota Board of Barber and Cosmetologist Examiners

Biennial Report

July 1, 2006-June 30, 2008

For more information, contact:

Minnesota Board of Barber and Cosmetologist Examiners

2829 University Avenue SE

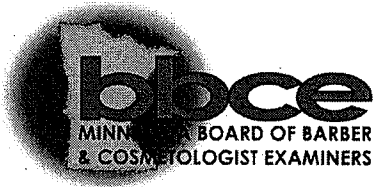
Suite 710

Minneapolis, MN 55414

www.bceboard.state.mn.us

Phone: (651) 201-2742

Fax: (612) 617-2601



Minnesota Board of Barber and Cosmetologist Examiners

Biennial Report

July 1, 2006 – June 30, 2008

Part 1. General Information

A. Board of Barber and Cosmetology Mission and Major Functions.

Board Mission

The mission of the Board of Barber and Cosmetologist Examiners is to protect the public through the regulation of all license types issued to practice or participate in barbering or cosmetology in the State of Minnesota.

Major Board Functions

1. Setting and administering educational and examination standards for initial and continuing licensure.
 - Setting licensure requirements through the rules process.
 - Approving applicants to sit for the barber examinations.
 - Reviewing individual applicant/licensee documentation to determine if they have completed the appropriate requirements for the license type they are obtaining.
 - Review and approve continuing education provider applications.
 - Reviewing academic programs to determine if they meet requirements.
2. Conducting inspections of all salons, barber shops, and schools within the state of Minnesota.
 - Inspect all salons and barber shops located in the state of Minnesota to insure compliance with all state statutes and rules relating to cosmetology and/or barbering.
 - Inspect all individuals within salons and barbershops in the state of Minnesota to insure compliance with the state statutes and rules relating to cosmetology and/or barbering.
 - Inspect all schools located in the state of Minnesota to insure compliance with all state statutes and rules relating the education of cosmetologist and barbers.
3. Responding to inquiries, complaints, and reports regarding licensure and conduct of applicants and licensees.
 - Accepting complaints and reports from the public.
 - Determining whether the complaint is properly submitted and if the Board has jurisdiction, and if so, what type of action is needed.

- Referring inquires and complaints to inspectors, investigators, complaint committees, and other agencies, if necessary.
 - Responding to complainants and agency reports by informing the complainants of action taken to resolve their complains, while observing provisions of the data practices act regarding the legal status of data obtained during the course of an investigation and disciplinary proceedings.
4. Provide information to the public about the scope of work and standards in barbering and cosmetology.
- Provide information to the public and applicants concerning requirements for licensure.
 - Provide information to licensees to prevent inappropriate practice to improve the practice of barbering and cosmetology.

B. Major Board Activities During Biennium

Among the activities accomplished by the board during the FY 2006-2008 biennium were the following:

1. The Board launched an all encompassing database that will allow for a variety of functions that included:
 - Online license verification and lookup
 - Online Renewals
 - Each applicant/licensee has one profile in the database with all of their licenses
 - Establishments are now inspected on laptop pc's
 - Inspection reports are printed via a printer, eliminated carbon copies
 - Establishments are scored and scores are available online
 - Applicants go into "application" status, rather than license status
 - Online address changes
2. The Board has hired 3.3 FTEs in the last biennium. This includes 2 additional licensing assistants, a program manager, and a customer service specialist. This additional staffing has been imperative to the development of the BBCE and serving the licensees and the public.

C. Emerging Issues

1. Rule Revision
The Board will be undertaking a major rule revision project. This will include updating any outdated, antiquated, and inconsistent rule that is currently in both the barbering and cosmetology chapters.
2. Examination Vendor
The Board will be launching a new examination vendor to administer a majority of the barbering and cosmetology examination. This will include re-introducing a practical portion to the cosmetology initial operator examination. Further, the Board will be setting up a task force to revamp the barber examination for the first time in over 15 years. The test will be completely redone to ensure its validity and adhere to educational changes in barbering.

3. Online Renewal System

The Board is in the process of implementing online renewals for both barbering and cosmetology. We are anticipating that our licensees will use this online option.

4. Complaint and Investigation Process

The Board will be revising the complaint process to ensure all complaints are being processed timely as well as being done in a consistent step by step manner.

Part 2. Board Members, Staff and Board Budget

A. Board Members

In accordance with Minnesota Statutes, section 154.22, the Board has 7 members appointed by the Governor consisting of 3 barbers, 3 cosmetologists, and 1 public member. The members include:

Name	Member Type
Mary Finnegan	Cosmetology Member
Theresa Iliff	Barber Member
Frank Plant	Barber Member
Doug Klemenhausen	Barber Member
Laurie Boggess	Cosmetology Member
Robert Salmonson	Cosmetology Member
Open	Public Member

B. Board Staff

The Board currently has 9.3 FTE employees. The Board currently employs 1.3 customer service specialists, two licensing staff, one program manager, four inspectors, and the executive secretary.

C. Receipts and Disbursements

The Board's receipts and disbursements for the FY 2007-2008 biennium were as follows:

ITEM	FY 2007	FY 2008
Receipts	\$1,435,521	\$1,562,000
Disbursements	\$706,128	\$838,458

D. Major Fees Assessed by the Board

FEE NAME	FEE AMOUNT
Cosmetology Initial Application	\$90
School Manager	\$120
Initial Manager	\$120
School License	\$1,500 and \$150 application fee
Salon License	\$130

Salon Renewal	\$100
Cosmetology Renewal	\$60
Manager Renewal	\$90
Instructor Renewal	\$90
Continuing Education Fee	\$10
Initial Barber Shop	\$60
Apprentice Renewal	\$45
Barber Renewal	\$50
Barbershop Renewal	\$60
Apprentice Examination Fee	\$60
Registered Barber Examination Fee	\$65
Home Study Course	\$75

Part 3. Licensing Statistics

A. Current Licenses

TYPE	NUMBER
Apprentice	161
Registered Barbers	2,235
Barber Shop	886
Barber Schools	5
Cosmetologist	28,550
Cosmetology Salons	5,995
Cosmetology Schools	55

B. New Licenses Issued During Biennium

TYPE	NUMBER
Apprentice	125
Registered Barbers	80
Barber Shop	85
Barber Schools	0
Cosmetologist	6,758
Cosmetology Salons	1,275
Cosmetology Schools	8

Part 4. Complaints

A. Formal Complaints Received During Biennium

FY 2007	FY 2008
48	54

B. Complaints Closed/Resolved During Biennium

FY 2007	FY 2008
39	44

Part 5. Trend Data as of June 30, 2008

	Barber Board Only						Barber and Cosmetology			
	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Number of Persons Licensed*	2,522	2,572	2,622	2,672	2,722	2,752	31,179	32,820	30,506	31,706
Number of Establishments	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	6,608	6,881
Facilities Inspected	Not Available	Not Available	Not Available	Not Available	758	665	6,400^	6,400^	6,400^	6,400^
Number of Complaints	Not Available	Not Available	Not Available	Not Available	11	18	40	36	48	54
Open Cases	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	9	19

* Due to a lack of historical data, these trends are estimates based on the trends over the 2003-2006 FY.

^ Due to lack of data and records, these estimates are based off the 4 inspectors whom each conduct approximately 1,600 inspections per year.

Minnesota Board of Behavioral Health and Therapy

Biennial Report

July 1, 2006-June 30, 2008

For more information, contact:

Minnesota Board of Behavioral Health and Therapy

2829 University Avenue SE

Suite 210

Minneapolis, MN 55414

www.bbht.state.mn.us

Phone: (612) 617-2178

Fax: (612) 617-2187

Minnesota Board of Behavioral Health and Therapy

Biennial Report July 1, 2006 to June 30, 2008

I. General Information

A. Board Mission and Major Functions

Board of Behavioral Health and Therapy Mission

The mission of the Board of Behavioral Health and Therapy is to protect the public through effective licensure and enforcement of the statutes and rules governing the practices of professional counseling and alcohol and drug counseling to ensure a standard of competent and ethical practice.

Board of Behavioral Health and Therapy Functions

The Board's functions are related to licensure and enforcement in accordance with Minnesota Statutes sections 148B.50 to 148B.593 and Minnesota Statutes chapter 148C and Minnesota Rules chapters 2150 and 4747. Its functions are to:

- Issue licenses to individuals who are qualified under sections 148B.50 to 148B.593 or chapter 148C for licensure as professional counselors (LPCs and LPCCs) or alcohol and drug counselors (LADCs);
- Resolve complaints received about licensees and applicants and make enforceable decisions regarding the future licensure of applicants and licensees who violate the regulations the Board is empowered to enforce.

The Board's functions are fulfilled by:

- Adopting and enforcing rules for the licensure of professional counselors and alcohol and drug counselors;
- Adopting and enforcing rules for regulating the standards of practice and professional conduct of professional counselors and alcohol and drug counselors;
- Adopting and enforcing rules for continuing education requirements for professional counselors and alcohol and drug counselors;
- Adopting and implementing rules for examinations to assess applicants' knowledge, skills and qualifications for licensure;
- Issuing licenses to applicants qualified under sections 148B.50 to 148B.593 or chapter 148C;
- Making copies of the rules for licensing available to all applicants;
- Establishing and maintaining a register of current licensees and approved supervisors;
- Establishing and collecting fees for the issuance and renewal of licenses and other services by the board; and
- Educating the public about the requirements for licensing and rules of conduct of professional counselors and alcohol and drug counselors and assisting the public in filing

complaints against applicants or licensees who may have violated the regulations the Board is empowered to enforce.

The Board employs the following key service strategies to carry out its functions:

- Review applicants' education and training for compliance with board requirements for licensure;
- Review education and training of supervisors of professional counselors or alcohol and drug counselors to ensure compliance with requirements;
- Require and approve continuing education for licensees;
- Accept and investigate complaints from the public (including other licensees) and other state agencies which allege violations of the regulations the Board is empowered to enforce.

B. Major activities during the biennium:

The following major activities occurred during the biennium:

- The Board convened for 8 quarterly board meetings;
- The following committees of the Board met regularly to accomplish the duties of the Board: Policy and Rules, Legislative, Application and Licensure, Complaint Resolution, Personnel, Executive, and Examination Evaluation.
- The Board designees met several times with representatives of the other mental health boards, professional associations, client advocacy groups, counselor educators, and staff from the Department of Human Services to explore credentials required to treat mental illness and receive medical assistance reimbursement. BBHT, the other mental health licensing boards, and the Department of Human Services were directed by the legislature to complete a study by January 15, 2007, to evaluate requirements for licensed mental health practitioners to receive medical assistance reimbursement.
- The Board proposed legislation in 2007, based on the findings in the task force report, to create the Licensed Professional Clinical Counselor (LPCC) license. The legislation passed and, among other things, 1) created education and supervision requirements for LPCCs and 2) allowed for a transition period until August 1, 2011, for LPC licensees to convert to the LPCC license without completing a second national examination. Due to costs related to adding LPCCs to the definition of mental health professional in the adult and children's mental health acts, legislation failed related to LPCCs achieving mental health professional status, and they are to date not eligible to receive medical assistance reimbursement.
- Board legislation in 2007 related to fees also passed and created new application and licensure fees and established fees for continuing education sponsors and approved supervisors.
- Legislation passed in 2007 also reduced the annual base budget for the Board by approximately 42%. The LPC program annual base budget was reduced from \$350,000 to \$144,000, and the annual base budget for the LADC program was reduced from \$323,000 to \$250,000.
- The Board issued licenses to LPC and LADC applicants and issued temporary permits to practice alcohol and drug counseling.
- The Board took disciplinary action against LADCs.

- The Board maintained a web site to educate and inform the general public, applicants, and licensees about licensure. All of the Board's printed materials and forms may be downloaded from the site <http://www.bbht.state.mn.us>.
- The Board staff members made several public presentations regarding LPC/LPCC and LADC licensure and regulation, including speaking to LPC/LPCC and LADC counselor educators and students and professional associations for LPC/LPCCs and LADCs.

C. Emerging issues regarding regulation of Licensed Professional Counselors and Licensed Alcohol and Drug Counselors:

The Board completed its second full biennium of operation, and addressed a number of key issues, including:

- Addressed a budget revenue shortfall by increasing LPC licensure fees, creating new fees for LPCs, LPCCs, and LADCs, and maintaining the staffing level at 3.0 FTEs. In this biennium, the Board collected \$440,748 in excess of its expenditures and applied it to program debt. The Board is on target to retire the LADC program debt by 2013. The revenue shortfall and resulting debt is due in large part to far fewer licensees than projected when both licenses were created, start-up costs for office supplies and equipment, rulemaking costs, and the cost to develop a database.
- The Board will continue to support legislation making LPCCs mental health professionals who can be reimbursed through Medical Assistance and MinnesotaCare in order to increase the number of qualified mental health providers available to children and adults in Minnesota needing mental health services.
- The Board established a Public Advisory Committee to assist the Board's Legislative Committee in rewriting regulations for LADCs in order to remove confusing, obsolete, repetitive, and unnecessary language. The Board will continue to work with the Advisory Committee to improve the regulations related to alcohol and drug counseling.

II. Board's Members, Staff, and Budget

A. Board composition

Pursuant to Minnesota Statutes section 148B.51, the Board is required to have thirteen members who are appointed by the Governor for four-year terms. Five of the members shall be professional counselors licensed or eligible for licensure under sections 148B.50 to 148B.593. Five of the members are to be alcohol and drug counselors licensed under chapter 148C. Three of the members shall be public members as defined in section 214.02. The names of the persons holding the seats as of June 30, 2008 are as follows:

Barbara Carlson, Professional Member (LADC)
New Ulm, MN

Freddie Davis-English, Public Member
Plymouth, MN (2007 and 2008 Board Vice Chair)

Douglas Q. Frisk, Public Member
New Brighton, MN

Judi Gordon, Professional Member (LADC)
St. Paul, MN

Kristen L. Piper, Professional Member (LPC)
St Louis Park, MN

Duane Reynolds, Professional Member (LADC)
New Hope, MN

Walter B Roberts, Jr., Professional Member (LPC)
North Mankato, MN

Nicholas Ruiz, Professional Member (LPC)
Inver Grove Heights, MN (2007 and 2008 Board Chair)

Nona L. Wilson, Professional Member (LPC)
St. Cloud, Minnesota

One public member seat, one LPC seat, and two LADC seats remain open.

B. Employees

The Board has 3.0 full-time equivalent positions plus a part-time student worker. They are a full-time executive director, a full-time licensing coordinator/office manager for the LPC/LPCC program and board office, and a full-time licensing coordinator for the LADC program. The Board added the student worker position in the summer of 2007 to assist staff in meeting regulatory requirements.

C. Receipts, disbursements, and major fees assessed by the Board

The LPC program has an annual base budget of \$144,000 and the LADC program has an annual base budget of \$250,000.

Item	FY 2007 and FY 2008
LPC Receipts	\$270,715
LADC Receipts	\$901,679
LPC Disbursements	\$202,433
LADC Disbursements	\$529,213
Total Bd. Receipts	\$1,172,394
Total Bd. Disb.	\$731,646

LPC and LPCC Fees	Amount
LPC and LPCC Application Fee	150
LPC and LPCC Initial License Fee	250
LPC/LPCC Renewal Fee (Active)	250
LPC/LPCC Renewal Fee (Inactive)	125
LPC and LPCC Late Renewal Fee	100

Board Order Copy	10
License Verification	25
Duplicate Certificate Fee	25
Supervisor Application Fee	30
CE Course Sponsor Fee	60
Professional Firm Renewal Fee	25
Initial Registration Fee	50
Annual Registration Renewal Fee	25

LADC Fees	Amount
Application for licensure	295
Biennial Renewal Fee (Active)	295
Biennial Renewal Fee (Inactive)	150
Temp. Permit Application Fee	100
Temp. Permit Renewal Fee	150
Late Renewal Fee	25% of renewal fee
License Verification	25
Surcharge Fee (Lic. App. & Renewal)	99
Approved Supervisor App. Fee	30
Continuing Education Sponsor Fee	60
Duplicate Certificate Fee	25
Board Order Copy Fee	10
Renewal Fee After Expiration	Renewal fee, late fee, and \$100 for CE review
Penalty Fee (Practice w/o license after expiration or before renewal)	Renewal fee for any part of first month, plus renewal fee for any part of any subsequent month up to 36 months
Penalty Fee (applicant practice w/o license)	Lic. app. fee for any part of first month, plus lic. app fee for any part of any subsequent month up to 36 months
Penalty Fee Related to Late CE Reporting or Insufficient CE	\$100 for late report; \$20 for each missing clock hour

III. Licensing Numbers

A. Persons licensed as of June 30, 2008:

Licensed Professional Counselors	539
Licensed Professional Clinical Counselors	12
Licensed Alcohol and Drug Counselors	1757
ADC Temporary Permit Holders	296

B. New licenses issued during the biennium:

Licensed Professional Counselors	272
Licensed Professional Clinical Counselors	12
Licensed Alcohol and Drug Counselors	403
ADC Temporary Permits	356

IV. Complaints

A. Complaints received:

Item	FY 2007	FY 2008
Complaints received – LPC	6	15
Complaints received - LADC	77	80

B. Open complaints as of June 30, 2008:

Item	
1. LPC Complaints open	10
2. LADC Complaints open (263 open complaint files transferred to BBHT from MDH on July 1, 2005)	108

C. Complaints closed during the biennium ending June 30, 2008:

Item	FY 2007	FY 2008
1. Number closed - LPC	4	4
2. Number closed - LADC	175	73

D. Disciplinary or Other Action Taken:

Item	FY 2007	FY 2008
1. Stipulation and Consent Order - LPC	0	0
2. Stipulation and Consent Order – LADC	1	3